

Revised 06/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD****510 EAST 12<sup>TH</sup>, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****Reset Form****FORM-GB**Gift or Bequest Information received  
by a department or accepted by the  
Governor on behalf of the state**For office use only**

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:****IA Department of Human Rights**

Name of Department or Office

321 E 12th Street

Des Moines IA 50319

Mailing Address

515-281-3274

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Kimberly Checks

Name

Mailing Address (if different from above)

kim.checks@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Delta Sigma Theta Sorority Inc. - DSM Alumnae Chapter

Name

PO Box 4706

Des Moines, IA 50305

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

January 13, 2019

\$50.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

2019 MLK Event - "I Have a Dream" held in Des Moines 1/19/19

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Kimberly Checks affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kimberly Checks  
Signature

March 1, 2019

Date